County: Dodge HILLSIDE MANOR

803 SOUTH UNIVERSITY AVENUE

BEAVER DAM 53916 Phone: (920) 887-5901		Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	123	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	123	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	122	Average Daily Census:	122

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	35. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	46. 7
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	4. 9	More Than 4 Years	18. 0
Day Servi ces	No	Mental Illness (Org./Psy)	21. 3	65 - 74	4. 9		
Respite Care	No	Mental Illness (Other)	2. 5	75 - 84	30. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45. 9	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.8	95 & 0ver	13. 9	Full-Time Equivalent	
Congregate Meals	No	Cancer	2. 5	ĺ		Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	11.5		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	15. 6	65 & 0ver	95. 1		
Transportati on	No	Cerebrovascul ar	18. 0	`		RNs	12. 9
Referral Service	No	Di abetes	8. 2	Sex	%	LPNs	15. 5
Other Services	No	Respi ratory	9. 0			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	10. 7	Male	23. 0	Aides, & Orderlies	51. 2
Mentally Ill	No	ĺ		Female	77. 0		
Provi de Day Programming for		]	100. 0		j		
Developmentally Disabled	No	ĺ			100. 0		
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## Method of Reimbursement

		Medicare litle 18			edicaid itle 19	_		0ther			Pri vate Pay	<b>;</b>		amily Care			anaged Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	1. 4	128	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	0. 8
Skilled Care	7	100. 0	236	62	84. 9	110	0	0.0	0	42	100.0	154	0	0.0	0	0	0.0	0	111	91.0
Intermedi ate				10	13. 7	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	8. 2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100. 0		73	100.0		0	0.0		42	100.0		0	0.0		0	0.0		122	100. 0

County: Dodge HILLSIDE MANOR

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Admissions, Discharges, and Deaths During Reporting Period	l	Percent Distribution	of Residents'	Condi ti ons	, Servi ces	, and Activities as of 1	2/31/01
8 11 8		ľ		% Ne	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	6. 0	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	2. 3	Bathi ng	0.0	8	6. 1	13. 9	122
Other Nursing Homes	7. 5	Dressing	0.8	9	0. 2	9. 0	122
Acute Care Hospitals	78. 2	Transferri ng	9. 0	8	0. 3	10. 7	122
Psych. HospMR/DD Facilities	0.0	Toilet Use	7. 4	8	0. 3	12. 3	122
Rehabilitation Hospitals	0.0	Eati ng	55. 7	3	6. 9	7. 4	122
Other Locations	6.0	**************	******	*****	******	*******	******
Total Number of Admissions	133	Continence			ecial Trea		%
Percent Discharges To:		Indwelling Or Externa	al Catheter	6. 6	Recei vi ng	Respiratory Care	9. 8
Private Home/No Home Health	30. 1	Occ/Freq. Incontinent	t of Bladder	54. 9	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	11. 3	Occ/Freq. Incontinent	t of Bowel			Sucti oni ng	0. 0
Other Nursing Homes	2. 3				Recei vi ng	Ostomy Care	0. 8
Acute Care Hospitals	3. 0	Mobility				Tube Feedi ng	3. 3
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	2. 5	Recei vi ng	Mechanically Altered Die	ts 15.6
Rehabilitation Hospitals	0. 0						
Other Locations	8. 3	Skin Care		0t	her Reside	nt Characteristics	
Deaths	45. 1	With Pressure Sores				ce Directives	80. 3
Total Number of Discharges		With Rashes		17.2 Me	di cati ons		
(Including Deaths)	133				Recei vi ng	Psychoactive Drugs	60. 7

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	Thi s	Other 1	Hospi tal -		Al l
	Facility Based Facilities		Faci	ilties	
	%	%	Ratio	%	<b>Ratio</b>
Occupancy Rate: Average Daily Census/Licensed Beds	99. 2	88. 1	1. 13	84. 6	1. 17
Current Residents from In-County	96. 7	83. 9	1. 15	77. 0	1. 26
Admissions from In-County, Still Residing	30. 8	14. 8	2. 08	20. 8	1.48
Admissions/Average Daily Census	109. 0	202. 6	0. 54	128. 9	0.85
Discharges/Average Daily Census	109. 0	203. 2	0. 54	130. 0	0.84
Discharges To Private Residence/Average Daily Census	45. 1	106. 2	0. 42	52. 8	0.85
Residents Receiving Skilled Care	91. 8	92. 9	0. 99	85. 3	1.08
Residents Aged 65 and Older	95. 1	91. 2	1. 04	87. 5	1.09
Title 19 (Medicaid) Funded Residents	59. 8	66. 3	0. 90	68. 7	0.87
Private Pay Funded Residents	34. 4	22. 9	1. 50	22. 0	1. 56
Developmentally Disabled Residents	0.0	1. 6	0.00	7. 6	0.00
Mentally Ill Residents	23. 8	31. 3	0. 76	33. 8	0. 70
General Medical Service Residents	10. 7	20. 4	0. 52	19. 4	0. 55
Impaired ADL (Mean)*	48. 2	49. 9	0. 97	49. 3	0. 98
Psychological Problems	60. 7	53. 6	1. 13	51. 9	1. 17
Nursing Care Required (Mean)*	6. 9	7. 9	0. 87	7. 3	0. 94